

South Carolina
Ryan White
Quality Management Plan



Department of Health and
Environmental Control

TABLE OF CONTENTS

Section I: Background and History.....	3
Section II: Quality Statement.....	4
Section III: Quality Infrastructure.....	5
Section IV: Quality Plan Implementation.....	6
Section V: Mechanisms to Promote Quality Care.....	7
Section VI: Annual Quality Goals.....	8

Introduction

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau in coordination with HRSA's Office of Performance Review aligned quality measures with performance measures for Part C and D to identify and prioritize quality measures for grantees. These measures are consistent with measures selected by stakeholders of all HIV programs in the state. The overarching purpose of the Quality Management Plan outlined in the following pages is to improve the quality of care for people living with HIV in the state. Through creating an effective and actionable quality management plan, and assuming a direct role in support of quality improvement activities in the state, participants will conceptualize and implement a quality management program, and develop a supporting infrastructure across the defined service area that is consistent with legislative requirements and guidance expectations for all Parts of the Ryan White HIV/AIDS Treatment Modernization Act.

Section I: Ryan White Background and History

The United States Congress enacted the Ryan White Treatment Modernization Act of 2006 (Ryan White Program) in October 2006 with the goal to improve the quality and availability of care for individuals and families infected and affected by HIV disease by providing emergency assistance to regions most severely affected by HIV epidemic. Since 2000 the Ryan White legislation has included specific provisions directing grantees to establish, implement and sustain quality management programs, which include monitoring of access to and quality of health services to ensure that PWHIV who are eligible for treatment receive it.

A major focus of the Ryan White program is not only to eliminate barriers to accessing care, but also to improve the quality of care that its clients receive. New and significant legislative requirements found in the Reauthorization of 2006 direct grantees to ensure that

1. Service providers adhere to established HIV clinical practices;
2. Quality improvement strategies include support services that help people receive appropriate HIV health care (e.g., transportation assistance, case management); and
3. Demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and the local epidemic.

Expectations:

Emphasized in the Ryan White Program expectations, quality management programs are pivotal in addressing the following key themes:

- Improve access to and retention in care for HIV+ individuals aware of their status
- Quality of services and related outcomes
- Linkage of social support services to medical services
- Ability of the program to change with the epidemic
- Use of epidemiological and health outcome data for priority setting
- Accountability (resources, responsibility, implementation, etc.)

Definition of Quality

Quality is defined by HRSA's HIV/AIDS Bureau/Division of Service Systems as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In order to continuously improve systems of care for individuals and populations, evaluation of the quality of care should consider:

1. The quality of inputs
2. The quality of the service delivery process
3. The quality of outcomes

Section II: Quality Statement

Central to the South Carolina Department of Health and Environmental Control's mission, values, and strategic plan is the goal to improve access to high quality healthcare. The purpose of the quality management program is to set forth a coordinated approach to quality assessment and process improvement within the SC Department of Health & Environmental Control (DHEC), STD/HIV Division, and HIV Care & Support Programs. The STD/HIV Division is dedicated to ensuring the highest quality of HIV medical care and support services for people living with HIV/AIDS in the state of South Carolina. The mission of the HIV Quality Management Program is to ensure that all people living with HIV/AIDS in South Carolina receive the highest quality of Ryan White funded primary medical care and support services.

The key components of the Ryan White Quality Management Program are:

- Performance and Outcome Measurement
- Data Analysis and Presentation
- Identification of Continuous Quality Improvement (CQI) strategies
- Implementation of CQI initiatives
- Monitoring adherence to the standards of care and performance indicators of the services offered by the agency
- Coordinating data collection for the agency's review by outside organizations
- Identifying processes and procedures for improvement.

Section III: Quality Infrastructure

A. Leadership and Accountability

- **SC Department of Health & Environmental Control:**

- *Health Services Office of Performance Management:*

Health Services has designed a Performance Management System that will enable the deputy area to monitor its performance in all aspects of its operations. Categories for which performance measures have been developed are Management, Human Resources, Public Health Capacity, Data and Information Systems, Customer Focus, Financial Systems and Health Status. All of the indicators are linked to the DHEC Strategic Plan.

STD/HIV Division, HIV Care & Support Services, monthly meetings with division-wide participation including Division Director, Bureau Medical Director, Division Medical Director, Program Managers, Surveillance, Support Staff, Nurse, DIS, Health Education, Financial, Planning and Evaluation Consultants.

Division staff provides oversight and management of the RW Part B & D grants. Staffs monitor all Ryan White funds and sub-contractors to ensure that Ryan White funds are the payer of last resort. The Division leadership is dedicated to the quality improvement process and guides the quality management plan.

- **Quality Management Steering Committee:**

- The Quality Management Steering Committee provides guidance, consultation and input regarding the overall Quality Management Program. Membership consists of ten individuals representing Ryan White Part B, C & D programs, Community Health Centers, local Health Department, and a Community Based AIDS Service organization. Members are also representative of five geographical regions (formerly consortia) of the state; Midlands, Catawba, Upstate (Upper Savannah, Piedmont & AID Upstate), Coastal (Low Country (ACCESS), Trident and CARETEAM), and the HopeHealth (Lower Savannah, Tri-County and Pee Dee) Membership include persons living with HIV.
 - Quality Management Steering Committee members:
 1. Share information regarding quality management plans and processes both within organization and among network partners
 2. Help plan regional meetings as follow-up to technical assistance activities to include developing common sets of quality measures among network partners
 3. Help with cheerleading/buy-in for geographical and HIV and primary care service delivery partners and peers

B. Resources

SCDHEC, STD/HIV Division Director, Infectious Disease Medical Consultants, HIV Care & Support Service Program Director, Part D Coordinator, ADAP Coordinator, Provide Software Consultant, HIV Planning Council, Part B Coordinator, Surveillance Director, HIV Surveillance

Coordinator, and Quality Management (CQI) Coordinator support the Quality Management Steering Committee.

- Regional CQI Committees;
 - The initial development of a statewide Quality Management program included Regional CQI Committees that were initiated in the five geographical areas (formerly consortia) of the state Midlands, Catawba, Upstate (Upper Savannah, Piedmont & AID Upstate), Coastal (Low Country (ACCESS), Trident and CARETEAM), and the HopeHealth (Lower Savannah, Tri-County and Pee Dee). The Regional CQI Committees were designed to promote communication around QM issues and to establish common Quality Improvement goals. After a Quality Management Coordinator was hired it was decided that the groups would be structured in a less formal way. In the absence of formal regional groups, the QM Coordinator will serve as the conduit for regional communication and dissemination of information.
- Part B/D Providers (DHEC Contractors)
 - Part B/D Providers are responsible for ensuring that quality management components of contracts are met.
 - The FY 2008-2009 contract deliverables include the following Quality Management language:
 - Develop and implement a Quality Management plan (i.e., a local Quality Management plan)
 - Participate in All Parts Quality Management meetings
 - Provide information related to the local Quality Management program as requested by the STD/HIV Division

Section IV: Quality Plan Implementation

- The Ryan White Quality Management Coordinator has the responsibility of management of the QM program.
 - The QM Coordinator is responsible for:
 - Establishing content of and scheduling of meetings
 - Research on best practices
 - Quarterly reports on projects and progress
 - Facilitating consumer involvement in quality improvement and program planning
 - Providing instruction on CQI principles
 - Following up on suggestions by consumers to improve the care they are receiving
- Implementation of the QM Plan includes development of a timeframe for re-measurement that will allow for the tracking of deficiencies and ensure quality care.
- Implementation also includes collection of data from all Ryan White providers in a timely and efficient way that will allow for data analysis and needs assessment throughout the state.

- Finally, there will be a continued focus on promoting provider adherence to highest priority PHS Guidelines for HIV care.

Section V: Mechanisms to Promote Quality Care

A. Performance Measurement

The Quality Management Steering Committee, using priorities identified by Ryan White funded stakeholders, Health Resources and Services Administration's Office of Performance Review measures for Ryan White Part C & D Program and HIVQUAL selected 18 HIV program quality measures to align Ryan White B, C, and D Programs.

B. Statewide Quality Measures

1. Number (Percentage) of patients with at least two (2) visits per year, one visit in each six-month period of the year.
2. Number (Percentage) of adolescents and adult clients \geq age 13 years with HIV/AIDS CD4 \leq 350 or viral load \geq 100,000 that are prescribed ART.
3. Number of female patients/clients with an annual Pap test.
4. Number (Percentage) of patients seen (referred AND with completed visit) by an oral health provider annually.
5. Number (Percentage) of patients with an annual syphilis test.
6. Number (Percentage) of clients with HIV infection who have been tested for Hepatitis C virus infection.
7. Number (Percentage) of pregnant women prescribed antiretroviral therapy.
8. Number (Percentage) of patients with a CD4 test every six months.
9. Number (Percentage) of patients CD4 \leq 200 who are receiving Pneumocystis jirovecii pneumonia (PCP) Prophylaxis.
10. Number (Percentage) of patients with C \leq 50 (or age adjusted for risk as clinically indicated for children) who are prescribed MAC Prophylaxis (rifabutin, clarithromycin, azithromycin or other).
11. Number (Percentage) of clients with HIV infection who have been tested for Hepatitis B virus infection status.
12. Number (Percentage) of clients with HIV infection who have completed the vaccination series for Hepatitis B.
13. Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives adherence counseling during appointments 6 months (or less) apart.
14. Number (Percentage) of clients with HIV infection prescribed antiretroviral (ARV) who receives risk reduction counseling during appointments 6 months (or less) apart.
15. Number of patients/clients with a complete psychosocial assessment in the past year.
16. Number (Percentage) of clients screened for HIV knowledge every six months.
17. Number of clients with a service plan that has been updated in the past six months.
18. Number of clients with a service plan that has been signed in the past six months.

- Ryan White Program Data Report (RDR) submitted to QM Coordinator.
- Review of data for performance measures will occur annually. State health department staff will coordinate these activities. Data reports will be analyzed.

Section VI. Annual Quality Goals

A. Overall goals of the Quality Management Program include:

- A systematic, state-wide process for planning, designing, measuring, assessing and improving performance with the following components:
 1. *Develop a planning mechanism* incorporating baseline data from external and internal sources and input from leadership, staff and patients. Clinical, operational and programmatic aspects of patient care will be reviewed.
 2. *Emphasize design* needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and satisfaction on the part of the patients and their families, physicians and staff.
 3. *Evolve and refine measurement* systems for identifying trends in care and sentinel events by regularly collecting and recording data and observations relating to the provision of patient care across the continuum.
 4. *Employ assessment* procedures to determine efficacy and appropriateness and to judge how well services are delivered and whether opportunities for improvement exist.
 5. *Focus on improving quality* in all of its dimensions by implementing multidisciplinary, data driven, project teams and encouraging participatory problem solving.
 6. *Promote communication*, dialogue and informational exchange across the STD/HIV Division and throughout Regional Committees, with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
 7. *Strive to establish collaborative relationships* with diverse stakeholders and community agencies for collectively promoting the general health and welfare of the community served.

B. Multidisciplinary Team and Development of Improvement Plan

- Once an opportunity for improvement has been identified, a multidisciplinary team will be convened to analyze the process and develop improvement plans. These teams will include those staff members closely associated with the process under study. Every attempt will be made to include individuals from other departments who may be impacted by changes made by the team and to help promote collaboration between departments.

Continuous Quality Improvement Methodology will be utilized and may include, but not be limited to, the following:

PDSA

Step 1: Plan

- Plan a change

Step 2: Do

- Try it on a small scale

Step 3: Study

- Observe the results

Step 4: Act

- Refine the changes as necessary

Flow Chart Analysis

One of the most useful quality improvement tools as it depicts the sequence of steps performed in a specific process

Cause and Effect Diagrams

Diagram enables a team to focus on the content of the problem, not the history of the problem.

Brainstorming

Establishes a common method for a team to creatively and efficiently generate a high volume of ideas by encouraging people to open thinking.

Observational Studies

An investigational method involving description of the associations between interventions and outcomes.

Activity Logs

Tracking of activities to help audit and analyze how time is spent on an activity or throughout the business day; helps eliminate time wasting or low-yield jobs.

Quality Committee/Team Meeting Improvement Plans will be developed and implemented by the teams: Improvements may include:

- System Redesign
- Education (Staff, Clients, Stakeholders and Customers)
- Clinical Guidelines review, revision or development
- Procedure and policy changes

- Form development or revision
- C. All improvement plans will be communicated to all appropriate staff and to clients if deemed appropriate.**

Evaluation

The QM program will be evaluated annually to assess quality infrastructure and activities to ensure that the quality program is in line with its overall purpose. Based on those findings, the CQI Teams will refine strategies for the following year. Chart audit results, staff and patient comments, effectiveness of CQI activities, and program goals will be used to evaluate the program.

Capacity Building

The STD/HIV Division, HIV Care & Support Services received 12 months of technical assistance from the National Quality Center beginning in January 2007. The technical assistance developed the STD/HIV Division, and the Ryan White Programs' capacity and quality management infrastructure. A Quality Management Coordinator was hired in March 2008 and she received training for the NQC in May 2008 and continues to develop the necessary skills to manage the QM program for the Division. Additionally, there are 9 stakeholders statewide who have participated in the NQC's Training of the Trainers.

Process to Update QM Plan

- Plan is reviewed and updated annually by consensus by Ryan White staff in consultation with QM Steering Committee.

Communication

- Quality Management Steering Committee meetings, and STD/HIV Division bi-annual face-to-face Statewide All Parts meetings with stakeholders, and quarterly HIV Planning Council meetings.